

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-015016

STATE FILE NUMBER

Registration District No. 140 Primary Registration District No. 3024 Registrar's No. 25

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAY 7 1962

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Howard		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Gasconade	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fayette, Missouri		Length of stay in 1b 6 days	c. CITY OR TOWN Hermann Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION lee Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 5th & Schiller Sta. Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) Dora Toelle		4. DATE OF DEATH April 28, 1962	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5/13/1881
9. AGE (last birthday) 80		IF UNDER 1 YEAR Months Days Hours	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker		10b. KIND OF BUSINESS OR INDUSTRY Household	11. BIRTHPLACE (City and state or country) Bay, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13. FATHER'S NAME John Stortz	
14. MOTHER'S MAIDEN NAME Lena Elkermann		15. NAME OF HUSBAND OR WIFE Fred Toelle	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no.		17. SOCIAL SECURITY NO. unknown	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		19. INFORMANT Mrs Carrie Klossner, Hermann Mo.	
IMMEDIATE CAUSE (a) Competitive Heart Failure		INTERVAL BETWEEN ONSET AND DEATH unknown	
DUE TO (b) Arteriosclerotic heart disease		unknown	
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
20. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	21. I attended the deceased from April 22 1962 to April 24 1962 and last saw her alive on April 27 1962		
22. SIGNATURE (Degree or title) James J. Blumer M.D.	23. ADDRESS Fayette, Mo.		24. DATE SIGNED 4-30-62
25. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	26. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	27. TIME OF INJURY Hour Month, Day, Year	
28. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	29. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	30. CITY, TOWN, OR LOCATION COUNTY STATE	
31. Death occurred at 4:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		32. NAME OF CEMETERY OR CREMATORY Hermann Cemetery	
33. BIRTHAL, CREMATION, REMOVAL (Specify) Removal		34. DATE 4/28/1962	35. LOCATION (City, town, or county) (State) Hermann Missouri
36. FUNERAL DIRECTOR Hermann Blumer Inc. Hermann, Mo.		37. DATE RECD. BY LOCAL REG. 430-62	38. REGISTRAR'S SIGNATURE Katherine Welch

AUG 22 1962

Permit issued 4-28-62

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Roger W. Blumer

Licensed Embalmer No. 5055

P. O. Address Fermond, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.